## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for	r any change of address)		Note: A certificate o	f mailing can only be used for his certificate cannot be used to	r domestic mailings
				Fee(s) Transmittal. T papers. Each addition	his certificate cannot be used to nal paper, such as an assignmente ate of mailing or transmission.	or any other accompa- nt or formal drawing,
	90 12/21/2004	_		have its own certifica	te of mailing or transmission.	O.
POSTAFICE BO ALEXANDRIA, V	A 22313-1404		1 P E 7073	I hereby certify that States Postal Service addressed to the Matransmitted to the US	ertificate of Mailing or Trans this Fee(s) Transmittal is bein with sufficient postage for fir all Stop ISSUE FEE address PTO (703) 746-4000, on the d	mission g deposited with the U st class mail in an env above, or being face ate indicated below.
005 SZEWDIE2 00000179	09988671	( MAI	K T 1 'YOU' E			(Depositor's
501 504 001	1400.00 OP 300.00 OP 30.00 OP	REAL	TRADEMARY			(Sig
APPLICATION NO.	FILING DATE		RST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION N
09/988,671 11/20/2001		Max Amon			017750-582	9038
TITLE OF INVENTION: LI	GHTWEIGHT LASER DE	SIGNATOR RANGE	ER FLIR OPTICS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	Pt	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	03/21/2005
EXAMINER		ART UNIT	CI	ASS-SUBCLASS		
GABOR, OTILIA		2878		250-353000		
Number is required.  3. ASSIGNEE NAME AND		BE PRINTED ON TH	E PATENT (print of	or type)	If no name is 3	ocument has been fil
(A) NAME OF ASSIGNI	_			Y and STATE OR CO		
	IN CORPORATION	-	ETHESDA, M		Corporation or other private gn	oun entity   Govern
4a. The following fee(s) are			Payment of Fee(s):		corporation of outer private gr	oup char, — doven
X Issuc Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)		ted)	Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	Copies 10		The Director is 1 Deposit Account Nu	nereby authorized by mber 02-480	charge the required fee(s), or (enclose an extra c	credit any overpaymo
5. Change in Entity Status	•	•	<b>7.</b>			
	MALL ENTITY status. See				ALL ENTITY status. See 37 C	
NOTE: The Issue Fee and Printerest as shown by the reco	ablication Fee (if required) and of the United States Pa	will not be accepted f tent and Trademark O	rom anyone other the	nan the applicant; a re	sly paid issue fee to the applica gistered attorney or agent; or the	ne assignee or other pa
Authorized Signature	Fold Ckee			Date 3	121/05	
Typed or printed name _	Patrick C. I	Keane		Registratio	on No. 32,858	
This collection of informatio an application. Confidentiali	n is required by 37 CFR 1.	311. The information	is required to obtain	or retain a benefit by	the public which is to file (and	d by the USPTO to pr